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CONFIRMATION NO. 9257

<b>SERIAL NUMBER</b> 10/696,909	<b>FILING OR 371(c) DATE</b> 10/29/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1642	<b>ATTORNEY DOCKET NO.</b> 021044-005820US
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## APPLICANTS

James B. Lorens, Bones, NORWAY;  
Robert E. Atchison, San Francisco, CA;  
Annabelle Frieria, South San Francisco, CA;  
Sacha Holland, San Francisco, CA;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/421,989 10/29/2002 and claims benefit of 60/512,251 10/17/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
08/12/2004

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>[Initials]</i> Initials	<b>STATE OR COUNTRY</b> NORWAY	<b>SHEETS DRAWING</b> 20	<b>TOTAL CLAIMS</b> 52	<b>INDEPENDENT CLAIMS</b> 4
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## ADDRESS

20350

## TITLE

Modulators of angiogenesis and tumorigenesis

<b>FILING FEE RECEIVED</b> 1141	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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